



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/08/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD986579076

INSTALLATION NAME

TRANSPLASTICS

INSTALLATION ADDRESS

**10 MORTON ST
EAST RUTHERFORD, NJ 07073**

MAILING ADDRESS

**10 MORTON ST
EAST RUTHERFORD, NJ 07073**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: TRANSPLASTICS
or Current Occupant
ATTN: JAMES RAKITSKY - VP ENV SVCS
150 E PENNSYLVANIA AVE
DOWNTOWN, PA 19335**

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

2002 NOV -7 PM 4:14

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

N J D 9 8 6 5 7 9 0 7 6

II. Name of Installation (Include company and specific site name)

T R A N S P L A S T I C S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 0 M O R T O N S T R E E T

Street (Continued)

City or Town

E A S T R U T H E R F O R D

State

N J

Zip Code

0 7 0 7 3 -

County Code

County Name

B E R G E N

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

R A K I T S K Y

(First)

J A M E S

Job Title

V P E N V S E R V I C E S

Phone Number (Area Code and Number)

6 1 0 - 5 1 8 - 3 1 2 6

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☒
☐

B. Street or P.O. Box

1 5 0 E A S T P E N N S Y L V A N I A A V E

SUITE 125

City or Town

D O W N I N G T O W N

State

P A

Zip Code

1 9 3 3 5 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

Q U A L I T Y C A R R I E R S I N C

Street, P.O. Box, or Route Number

3 8 0 2 C O R P O R E X P A R K D R I V E

City or Town

T A M P A

State

F L

Zip Code

3 3 6 1 9 -

Phone Number (Area Code and Number)

8 0 0 - 2 8 2 - 2 0 3 1

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

Date Changed

Month

Day

Year

Address Change of

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1	2	3	4
D 0 1 8	D 0 3 9	D 0 4 0	

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>James A. Rakitsky</i>	Name and Official Title (Type or print) JAMES A. RAKITSKY VICE PRES., ENVIRONMENTAL SERVICES	Date Signed 11/1/02
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XI. Comments

PROPERTY OWNER: QUALITY DISTRIBUTION, INC.
3802 CORPOREX PARK DRIVE, TAMPA, FL 33619 PHONE: 800-282-2031

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



ENVIRONMENTAL PROTECTION
AGENCY, REGION II

2002 NOV -7 PM 4:14

RCRA PROGRAMS
BRANCH

Via U.S. Mail, Certificate of Mailing Obtained

October 31, 2002

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

**RE: Subsequent Notification of Regulated Waste Activity
TransPlastics, East Rutherford, New Jersey**

Dear Sir or Madam:

This is to submit a subsequent Notification of Regulated Waste Activity form for the following TransPlastics facility:

TransPlastics
10 Morton Street
East Rutherford, NJ 07073
EPA ID No.: NJD 986 579 076

This Subsequent Notification of Regulated Waste Activity form updates installation contact, installation contact address and generator status. TransPlastics is a wholly owned subsidiary of Quality Distribution, Inc. which is submitting this information on their behalf.

If you have any questions, please contact Edna Rojas or me at (610) 518-3126.

Sincerely,

QUALITY DISTRIBUTION, INC.

James A. Rakitsky
Vice President, Environmental Services

Enclosure



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/02/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	NJD986579076
INSTALLATION NAME →	TRANSPLASTICS INC
INSTALLATION ADDRESS →	10 MORTON ST EAST RUTHERFORD, NJ 07073
MAILING ADDRESS →	10 MORTON ST EAST RUTHERFORD, NJ 07073

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: EMIG, DONALD
VP & CHIEF ENGR
102 PICKERING WAY
EXTON, PA 19341

Change (owner)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

7-22-99

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

N J D 9 8 6 5 7 9 0 7 6

II. Name of Installation (Include company and specific site name)

T R A N S P L A S T I C S , I N C .

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 0 M O R T O N S T R E E T

Street (Continued)

City or Town

State

Zip Code

E A S T R U T H E R F O R D

N J

0 7 0 7 3 -

County Code

County Name

B E R G E N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

E M I G

D O N A L D

Job Title

Phone Number (Area Code and Number)

V P & C H I E F E N G R 6 1 0 - 3 6 3 - 4 3 8 2

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

1 0 2 P I C K E R I N G W A Y

City or Town

State

Zip Code

E X T O N

P A

1 9 3 4 1 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Q U A L I T Y D I S T R I B U T I O N , I N C .

Street, P.O. Box, or Route Number

3 8 0 2 C O R P O R E X D R I V E

City or Town

State

Zip Code

T A M P A

F L

3 3 6 1 9 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

8 1 3 - 7 5 4 - 4 7 2 5

P

P

Yes

X

No

0 8 2 8 9 8

Address Verified US Post office (58)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter/Refinery
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
5. Underground Injection Control

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic ☒ (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D 0 0 6 D 0 0 8 D 0 1 8 D 0 2 7

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 D 0 3 9	2 D 0 4 0	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)
DONALD K. EMIG, PH.D., P.E.
Vice President & Chief Engineer

Date Signed

7-19-99

QUALITY DISTRIBUTION, INC.

XI. Comments

PROPERTY OWNER: Chemical Leaman Corp. Telephone: 610-363-4200
102 Pickering Way, Exton, PA 19341

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Via U.S. Mail, Certificate of Mailing Obtained

July 19, 1999

U.S. EPA Region 2
ATTN: Jack Hoyt
290 Broadway, 22nd Floor
New York, NY 10007-1866

U.S. EPA
AGENCY R0 II
99 JUL 22 PM 1:51
Hazardous Waste
Programs Branch

**RE: Subsequent Generator Notification of Regulated Waste Activity
TransPlastics, Inc. Facilities in East Rutherford, New Jersey**

Dear Mr. Hoyt:

This is to submit Subsequent Notifications of Regulated Waste Activity for the TransPlastics, Inc. facility at the following locations in New Jersey:

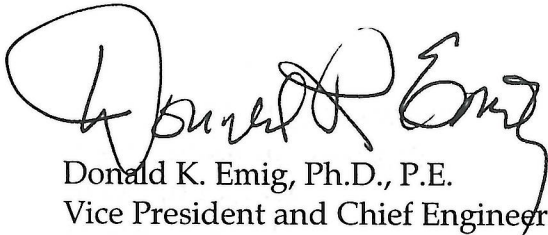
TransPlastics, Inc.
10 Morton Street
East Rutherford, NJ 07073
EPA ID No.: NJD 986 579 076

Due to recent corporate acquisitions and restructuring, TransPlastics, Inc. has become a wholly owned subsidiary of Quality Carriers, Inc. (QCI). QCI, in turn, is a wholly owned subsidiary of Quality Distribution, Inc., which is submitting this information on behalf of QCI.

If you have any questions, please contact Dave Bielecki or me at (610) 363-4499.

Very truly yours,

QUALITY DISTRIBUTION, INC.



Donald K. Emig, Ph.D., P.E.
Vice President and Chief Engineer
Environmental Affairs

Enclosure



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/19/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986579076

FACILITY NAME -> TRANSPLASTICS INC

MAILING ADDRESS -> 10 MORTON ST
EAST RUTHERFORD, NJ 07073

INSTALLATION ADDRESS -> 10 MORTON ST
EAST RUTHERFORD, NJ 07073

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: SIBILIA, JERRY
DIST GEN MGR
TRANSPLASTICS INC
10 MORTON ST
EAST RUTHERFORD, NJ 07073

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AGENCY RO II

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

N J D 9 8 6 5 7 9 0 7 6

II. Name of Installation (Include company and specific site name)

T r a n s P l a s t i c s , I n c .

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 0 M o r t o n S t r e e t

Street (Continued)

City or Town

E a s t R u t h e r f o r d

State

Zip Code

N J

0 7 0 7 3 -

County Code

County Name

B e r g e n

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S a m e

City or Town

State

Zip Code

-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

S i b i l i a

J e r r y

Job Title

Phone Number (Area Code and Number)

District General Manager

2 0 1 - 9 3 9 - 0 3 1 4

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

☒

B. Street or P.O. Box

City or Town

State

Zip Code

-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

C h e m i c a l P r o p e r t i e s , I n c .

Street, P.O. Box, or Route Number

1 0 2 P i c k e r i n g W a y

City or Town

State

Zip Code

E x t o n

P A

1 9 3 4 1 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

6 1 0 - 3 6 3 - 4 2 0 0

P

P

Yes

No

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 0 8 D 0 1 8 D 0 3 9 D 0 4 0

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)


1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

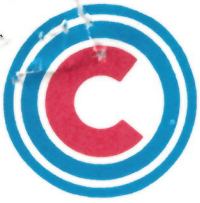
Signature 	Name and Official Title (Type or print) Gregory T. Farrell, Senior Project Mgr	Date Signed 1/7/98
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XI. Comments

Effective 1/1/98, the name of the company at this location was changed from Chemical Leaman Tank Lines, Inc. to TransPlastics, Inc. Both are wholly owned subsidiaries of Chemical Leaman Corporation.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID - For Official Use Only											
C											
W											
X. Description of Hazardous Wastes (continued from front)											
A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.											
1	2	3	4	5	6						
7	8	9	10	11	12						
B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.											
13	14	15	16	17	18						
19	20	21	22	23	24						
25	26	27	28	29	30						
C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.											
31	32	33	34	35	36						
37	38	39	40	41	42						
43	44	45	46	47	48						
D. Listed Infectious Wastes. Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.											
49	50	51	52	53	54						
E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)											
<input checked="" type="checkbox"/> 1. Ignitable (D001) <input checked="" type="checkbox"/> 2. Corrosive (D002) <input type="checkbox"/> 3. Reactive (D003) <input checked="" type="checkbox"/> 4. Toxic (D000)											
XI. Certification											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
Signature <i>James A. Rakitsky</i>				Name and Official Title (type or print) James A. Rakitsky, Manager Tank Cng & Env. Processes				Date Signed 5/9/90			
Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.											



CHEMICAL LEAMAN TANK LINES, INC.

102 Pickering Way • Exton, Pennsylvania 19341-0200 • 215-363-4200

579076

May 9, 1990

US Environmental Protection Agency
Permit Administrative Branch
26 Federal Plaza
New York, NY 10278

BRANCH

SO MAY 10 11:12:01

Gentlemen:

In accordance with the instructions of New Jersey Division of Waste Management, enclosed is a Notification of Hazardous Waste Activity form for the Chemical Leaman Tank Lines facility located at 10 Morton Street, Rutherford, New Jersey.

This form is an initial notification of hazardous waste generation activity at this facility.

We would appreciate a timely response to our request for a Generator Identification Number.

If you have any questions, please contact me at (215) 363-4232.

Very truly yours,

James A. Rakitsky
Manager, Tank Cleaning
and Environmental Processes

jcb
Enclosure

Overnight
Return Receipt Req.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

06/11/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD986579076
FACILITY NAME ->	CHEMICAL LEAMAN TANK LINES INC
MAILING ADDRESS ->	PO BOX 196 RUTHERFORD, NJ 07070
INSTALLATION ADDRESS ->	10 MORTON ST RUTHERFORD, NJ 07070

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: RAMACH RICHARD MGR
CHEMICAL LEAMAN TANK LINES INC
PO BOX 196
RUTHERFORD, NJ 07070